

06-0305

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees are subject to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

Complete If Known

Application Number	10/817,172
Filing Date	April 2, 2004
First Named Inventor	Donald P. Bushby
Examiner Name	
Art Unit	
Attorney Docket No.	15597US01

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 300.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
40	-20 or HP	12	x 25.00 =	300.00		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
---------------	--------------	---------	---------------

-3 or HP x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>David Z. Petty</i>	Registration No. (Attorney/Agent)	52,119	Telephone	(312)775-8000
Name (print/type)	David Z. Petty	Date	June 2, 2005		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(MHM Docket No. 15597US01)

PATENT APPLICATION OF:

Donald P. Bushby

SERIAL NO.: 10/817,172

FILED: April 2, 2004

FOR: SYSTEM FOR TREATMENT OF
PLANTAR FASCIITIS

**CERTIFICATE OF MAILING BY
EXPRESS MAIL**

EXPRESS MAIL NO. EV 164037346 US

) I hereby certify that this correspondence is
) being deposited with the United States Postal
) Service as Express Mail Post Office to
) Addressee with sufficient postage on the date
) indicated below and is addressed to
) Commissioner for Patents, P.O. Box 1450,
) Alexandria, VA 22313-1450.

David Z. Petty
Reg. No. 52,119

Date: June 2, 2005

PRELIMINARY AMENDMENT PURSUANT TO 37 C.F.R. §1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner:

Prior to examination and issuance of any office action in this application, please amend the application in this case as follows: